



Township of New Hanover

Parks and Recreation Department

New Hanover Township Building · 2943 North Charlotte Street, Gilbertsville, PA 19525-9718
Phone: (610) 323-1008 · Fax: (610) 323-5173
Website: www.newhanover-pa.org

Multi Sport Camp Application

All Information Must Be Legible – Please Print

Camper's Name: _____

Sex: M F Age: _____ Township: _____

Camper's Address: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

Mom's Name: _____ Work #: _____ Cell #: _____

Mom's Email: _____

Dad's Name: _____ Work #: _____ Cell #: _____

Dad's Email: _____

Multi Sports Camp Sessions: All sports camps start August 5 and end on August 9

- | | |
|---|----------|
| <input type="checkbox"/> Multi Sports Camp – Full Day (9am-4pm) | \$199.00 |
| <input type="checkbox"/> Multi Sports Camp – Half Day (9am-12:30pm) | \$169.00 |
| <input type="checkbox"/> Parent and Me Multi Sport (5pm-5:45pm) | \$89.00 |
| <input type="checkbox"/> Squirts Multi Sport (5pm-5:45pm) | \$89.00 |

To register online go to: USsportsInstitute.com

FOR OFFICE USE ONLY BELOW:

Camp Session: _____

Amount Paid: _____ Payment: _____ Date: _____ Initials: _____



Parks and Recreation Department

Liability Waiver and Release

I understand and agree, for myself and/or for any minors in my care, that participation in any activities and programs sponsored by New Hanover Township (the “Township”), where the Township provides facilities, instruction and/or supervision, could result in injury to myself, minors in my care and/or to personal property owned by me or such minors. In consideration for being permitted to use Township facilities and/or participate in Township -sponsored activities/programs, I agree, for myself and/or for any minors in my care, to fully and completely release the Township, its officials, employees, boards, departments, agents, volunteers, representatives and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our use of Township facilities or participation in Township -sponsored activities and programs.

I certify that to the best of my knowledge, I and/or any minors in my care are healthy enough to participate in the recreation program sponsored by the Township. I understand that no health and/or accident insurance is provided by the Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage. I hereby give the Township’s staff permission to secure emergency medical care for minors in my care who may suffer an injury or illness while in the temporary care of Township representatives.

I agree, for myself and/or for any minors in my care, to comply with all Township rules and regulations, including any rules and regulations governing any activities or programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Township facilities and/or participate in Township-sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration, activity or program fees.

I grant the Township the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website and any other material relating to Township activities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND/OR ANY MINORS IN MY CARE AND THE TOWNSHIP, AND SIGN IT OF MY OWN FREE WILL. Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

Participant Name (Print): _____

Participant Signature: _____ Date: _____

If Participant is under age 18

Parent/Guardian’s Name (Print): _____

Parent/Guardian’s Signature: _____ Date: _____